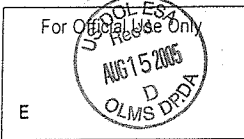


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6698</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Will Davis</u> <u>2000 92nd Avenue</u> <u>Oakland CA, 94603</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	4. Name, file number, and address of labor organization. Name <u>Hod Carriers Local #36</u> <u>6229 A Mission Street</u> <u>Daly City CA, 94014</u> Labor Organization File Number <u>027395</u> P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
5. Position in labor organization. <u>Vice President of Hod Carriers Local #36</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Will R Davis</u>	On <u>8-8-05</u> <u>510-553-1455</u> Date Telephone Number

Name of Person Filing **Will Davis**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
Hod Carriers Local #36 Pension Fund

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Allied Administrators**
633 Battery Street 2nd Floor
Trade Name, if any: **San Francisco CA, 94111**

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Reimbursement for time I take off work to attend pension meetings and trust fund lunches.

11.b. Approximate dollar value of such dealing. **\$1,119.04**

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

HOD CARRIERS CONSOL. PENSION - DB

1/1/04 Through 12/31/04

7/27/05

Page 1

Date	Num	Description	Memo	Category	Cl	Amount
1/21/04	1144	Will Davis	1/21/04 mtg. reimb.	833	R	-279.76
4/21/04	1158	Will Davis	4/21/04 mtg. reimb.	833	R	-279.76
7/23/04	1167	Will Davis	7/28/04 mtg. reimb.	833	R	-279.76
10/20/04	1179	Will Davis	10/21/04 mtg. rei...	833	R	-279.76
TOTAL 1/1/04 - 12/31/04						-1,119.04
TOTAL INFLOWS						0.00
TOTAL OUTFLOWS						-1,119.04
NET TOTAL						-1,119.04

7/27/05.

Will, here are your expenses through
the trust for year ended 12/31/04.

Please give me a call if you have
any questions.

yours - *Dale Boney*

HOD CARRIERS 36 CONSOLIDATED PENSION MEETINGS

<u>DATE</u>	<u>LOCATION</u>	<u>COST OF LUNCH</u>	<u>ATTENDEES</u>	<u>TOTAL COST PER TRUSTEE</u>
1/22/04	Buon Gusto	\$150.00	8	\$18.75
4/21/04	Allied - S.F.	\$0.00	10	\$0.00
7/28/04	Allied - S.F.	\$0.00	7	\$0.00
10/21/04	Buon Gusto	\$146.75	8	\$18.34

HOD CARRIERS LOCAL No. 36

LABORERS INTERNATIONAL UNION OF NORTH AMERICA

6229-A Mission Street • Daly City, California 94014

Phone: (650) 756-6651 • Fax: (650) 756-0557



August 8, 2005

U.S. Department of Labor
Office of Labor – Management Standards
Washington D.C. 20210

To whom it may concern,

This letter is to advise you Mr. Will Davis is the vice president of Hod Carriers Local 36 this is not a paid position Mr. Davis receives \$50.00 a month as vice president.

Mr. Davis is also a trustee who is reimburse by the trust fund for the time he has to take off work to attend meetings or conferences. We were told he should file a LM-30 if you have any questions please feel free to call me.

Sincerely yours